



# Georgia Board of Pharmacy

A Division of the

Georgia Department of Community Health

**GEORGIA BOARD OF PHARMACY**  
**A Division of the Georgia Department of Community Health**  
**2 Peachtree St., N.W., 36<sup>th</sup> Floor**  
**Atlanta, GA 30303**

**Personal Quarterly Report**

**ALL** reports should be mailed to the Board office for reporting periods ending March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> and December 31<sup>st</sup>.

Name of Licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

My aftercare remains with: \_\_\_\_\_

Address: \_\_\_\_\_

My employer is: \_\_\_\_\_

Address: \_\_\_\_\_

**I have attended/completed the following:**

\_\_\_\_\_ Group meetings each month \_\_\_\_\_ 12-step meetings each week

\_\_\_\_\_ Random observed drug screens have been submitted \_\_\_\_\_ Verified that treatment & employer quarterly reports have been submitted

\_\_\_\_\_ Other: \_\_\_\_\_

Other information that I wish the Board to be aware of: \_\_\_\_\_

Report for quarter ending: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_